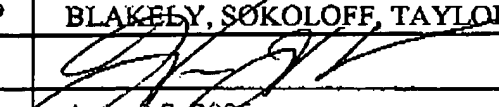



FACSIMILE: (714) 557-3347

**AUG 08 2005**

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/488,945
		Filing Date	January 19, 2000
		First Named Inventor	Steve Ames
		Art Unit	2145
		Examiner Name	Melvin H. Pollack
Total Number of Pages in This Submission	15	Attorney Docket Number	82771P118C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	August 8, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	August 8, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/0) 02/04/2004  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

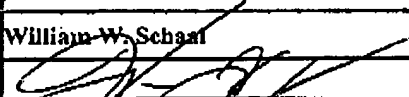
RECEIVED  
CENTRAL FAX CENTER

AUG 08 2005

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/488,945
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 19, 2000
		First Named Inventor	Steve Amcs
		Examiner Name	Melvin H. Pollack
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Art Unit	2145
		Attorney Docket No.	82771P118C

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																																																																																																																																	
<b>1. EXTRA CLAIM FEES</b>																																																																																																																																	
Total Claims	37	45*	0	50.00	\$0.00																																																																																																																												
Independent Claims	8	0	0	200.00	\$0.00																																																																																																																												
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<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>60</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>						Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	60	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	300	2203	180	Multiple Dependent claim, if not paid		1204	300	2204	150	**Reissue independent claims over original patent		1205	300	2205	150	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (1)				(\$)	0.00																																																																														
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<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	08/08/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
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**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

## Complete If Known

Application Number	09/488,945
Filing Date	January 19, 2000
First Named Inventor	Steve Ames
Examiner Name	Melvin H. Pollack
Art Unit	2145
Attorney Docket No.	82771P118C

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
37	45*	0	50.00
Independent Claims	9*	0	200.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	300	2204	150
1206	300	2206	150
SUBTOTAL (1)		(\$)	

\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	
1052	50	2052	25	
2053	130	2053	130	
1251	120	2251	60	
1252	450	2252	225	
1253	1,020	2253	510	
1254	1,500	2254	750	
1255	2,180	2255	1,080	
1401	500	2401	250	
1402	500	2402	250	
1403	1,000	2403	500	
1451	1,510	2451	1,510	
1460	130	2460	130	
1807	60	1807	50	
1808	180	1808	180	
1809	790	1809	385	
1810	790	2810	385	
SUBTOTAL (2)		(\$)		

Other fee (specify)

**SUBMITTED BY**

Name (Print/Type)	William W. School	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature		Date	08/08/05		

Complete (if applicable)

Based on PTO/SB/17 (12/04) as modified by Blakely, Sokoloff, Taylor & Zafman (W/R) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/488,945  
Amdt. Dated 08/08/2005  
Reply to Office Action of 5/9/2005

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**AUG 08 2005**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application. No. : 09/488,945  
Applicant : Ames, et al.  
Filed : 01/19/2000  
TC/A.U. : 2145  
Examiner : Melvin B. Pollack

Confirmation No. 5142

Docket No. : 082771.P118C  
Customer No. : 8791

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action mailed May 9, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.